

OCT 4 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32973  
State File No. 8915

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis, Missouri</u>		c. LENGTH OF STAY (In this place) <u>1 W.K.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>St. Louis, Mo</u> <u>2069</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Louis City Hospital #1</u>				e. STREET ADDRESS (If rural, give location) <u>5959a Theodosia</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JENNIE</u>		b. (Middle) _____		c. (Last) <u>GOLDENBERG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 24, 1952</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Unknown</u>		9. AGE (In years last birthday) <u>ab. 59</u> If under 1 year: Months _____ Days _____ If under 1 min. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Louis Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Herschel Kovack</u>		13b. MOTHER'S MAIDEN NAME <u>Leah Kovack</u>		14. NAME OF HUSBAND OR WIFE <u>Morris H.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Flora Simmons 1457 La Salle Lane</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes Mellitus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary Tuberculosis</u>				INTERVAL BETWEEN ONSET AND DEATH _____ _____ _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>260X A</u>					
22. I hereby certify that I attended the deceased from <u>9-17-52</u> , 19____, to <u>9-24-52</u> , 19____, that I last saw the deceased alive on <u>9-24-52</u> , 19____, and that death occurred at <u>10:05P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>G.M. Huggins, MD</u> (Degree or title)				23b. ADDRESS <u>1515 Lafayette Avenue</u>		23c. DATE SIGNED <u>9-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>9/26/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHESED SHEL EMETH</u>		24d. LOCATION (City, town, or county) (State) <u>UNIVERSITY CITY MO</u>	
DATE REC'D BY LOCAL REG. <u>SEP 25 1952</u>		REGISTRAR'S SIGNATURE <u>Charles Smith MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bayer Memorial 4715 McPherson</u>			

mgb (Licensed Embalmers' Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Student Embalmer No. \_\_\_\_\_,  
working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 4229

P. O. Address \_\_\_\_\_

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.